

PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0851-0032  
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**FEE TRANSMITTAL**  
**for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)-0-

**Complete if Known**

Application Number	09/709,045
Filing Date	November 10, 2000
First Named Inventor	M. Rigdon Lentz
Examiner Name	J. Seharaseyon
Art Unit	1647
Attorney Docket No.	LEN 102

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number  
50-1868Deposit Account Name  
Holland & Knight LLP

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☒ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims 15	20** = 0	0	0
Multiple Dependent Claims 2	3** = 0	0	0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 5
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)-0-

\*\*or number previously paid, if greater. For Reissue, see above.

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	2053 65	Non-English specification	
1812 2,520	2812 1,260	For filing a request for ex parte reexamination	
1804 2,000	2804 1,000	Requesting publication of SIR prior to Examiner action	
1805 1,500	2805 750	Requesting publication of SIR after Examiner action	
1251 750	2251 375	Extension for reply within first month	
1252 600	2252 300	Extension for reply within second month	
1253 600	2253 300	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	2451 755	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,200	2501 600	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 230	2503 115	Plant issue fee	
1601 150	2601 75	Petitions to the Commissioner	
1607 50	2607 25	Processing fee under 37 CFR 1.17(q)	
1805 180	2805 90	Submission of Information Disclosure Stmt	
2001 40	2001 20	Recording each patent assignment per property (times number of properties)	
1808 750	2808 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 600	2802 300	Request for expedited examination of a design application	
SUBTOTAL (3) (\$)			

**SUBMITTED BY**

Name (Print/Type)	Patrea L. Fabst	Registration No. (if applicable)	31,284	Telephone (404) 817-8473
Signature		Date	January 22, 2003	

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/709,045
	Filing Date	November 10, 2000
	First Named Inventor	M. Rigdon Lentz
	Group Art Unit	1647
	Examiner Name	J. Seharaseyon
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Declaration <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Patricia L. Pabst Holland & Knight LLP
Signature	Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E.; Atlanta, GA 30309-3400
Date	January 22, 2003

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## MESSAGE

Applicant: M. Rigdon Lentz

Serial No.: 09/709,045

Filed: November 10, 2000

For: METHOD AND SYSTEM TO REMOVE CYTOKINE INHIBITOR IN PATIENTS

Art Unit: 1647

Examiner: J. Scharasayon

ATL1 #509874 v1

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